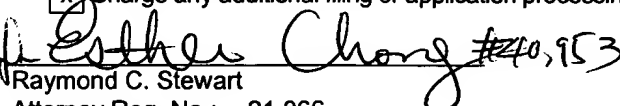


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**BOX AF**

MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

AF/ 2622  
JW

| AMENDMENT TRANSMITTAL LETTER                                                                                                                                                                     |                                           |                                         |                                   | Docket No.<br>0142-0342P         |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|----------------------------------|------|
| Application No.<br>09/749,664-Conf. #8704                                                                                                                                                        |                                           | Filing Date<br>December 28, 2000        |                                   | Examiner<br>I. A. Rahimi         |      |
|                                                                                                                                                                                                  |                                           |                                         |                                   | Art Unit<br>2622                 |      |
| Applicant(s): Erwin A.R. van der LINDEN et al.                                                                                                                                                   |                                           |                                         |                                   |                                  |      |
| Invention: METHOD AND SYSTEM FOR SUBMITTING JOBS TO A REPRODUCTION CENTER                                                                                                                        |                                           |                                         |                                   |                                  |      |
| MS AF<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450                                                                                                                  |                                           |                                         |                                   |                                  |      |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.                                                      |                                           |                                         |                                   |                                  |      |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                         |                                           |                                         |                                   |                                  |      |
|                                                                                                                                                                                                  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                             |      |
| Total Claims                                                                                                                                                                                     | 38                                        | - 39 =                                  | 0                                 |                                  |      |
| Independent<br>Claims                                                                                                                                                                            | 5                                         | - 5 =                                   | 0                                 |                                  |      |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                                                                                                         |                                           |                                         |                                   |                                  |      |
| Other fee (please specify):                                                                                                                                                                      |                                           |                                         |                                   |                                  |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                                                                                                                                                  |                                           |                                         |                                   |                                  | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity                                                                                                           |                                           |                                         |                                   |                                  |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.                                                                                                            |                                           |                                         |                                   |                                  |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.                                                       |                                           |                                         |                                   |                                  |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.                                                                                                  |                                           |                                         |                                   |                                  |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                      |                                           |                                         |                                   |                                  |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |                                           |                                         |                                   |                                  |      |
| <input checked="" type="checkbox"/> Credit any overpayment.                                                                                                                                      |                                           |                                         |                                   |                                  |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                             |                                           |                                         |                                   |                                  |      |
| <br>Raymond C. Stewart<br>Attorney Reg. No.: 21,066                                                           |                                           |                                         |                                   | Dated: <u>September 16, 2005</u> |      |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Rd<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8012                                               |                                           |                                         |                                   |                                  |      |



**MS AF**  
**REPLY UNDER 37 C.F.R. § 1.116**  
**EXPEDITED PROCEDURE**  
**EXAMINING GROUP**

Docket No.: 0142-0342P  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Erwin A.R. van der LINDEN et al.

Confirmation No.: 8704

Application No.: 09/749,664

Art Unit: 2622

Filed: December 28, 2000

Examiner: I. A. Rahimi

For: METHOD AND SYSTEM FOR SUBMITTING JOBS TO A REPRODUCTION  
CENTER

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

**MS AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Examiner's final Office Action dated June 16, 2005, the following amendments and remarks are respectfully submitted in connection with the above-identified application.